

**FOOD STAMP BUDGET WORKSHEET**

CASE NAME		COMPANION CASE REFERENCE	CASE NUMBER	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS
CERTIFICATION PERIOD	FROM	THROUGH	CHANGE REPORT <input type="checkbox"/>	QR 7 <input type="checkbox"/>
			MID-QUARTER REPORT <input type="checkbox"/>	

**PART 1 - INCOME FOR CHANGE REPORTING (CR) AND QUARTERLY REPORTING (QR) HOUSEHOLDS**

A. NONEXEMPT GROSS UNEARNED INCOME	SOCIAL SECURITY, UIB, DIB, PENSIONS	CHILD/SPOUSAL SUPPORT LESS \$50	SCHOLARSHIPS, GRANTS, LOANS	OTHER
1. Month 1/Year _____/_____/_____	\$ _____	\$ _____	\$ _____	\$ _____
2. Month 2/Year _____/_____/_____	\$ _____	\$ _____	\$ _____	\$ _____
3. Month 3/Year _____/_____/_____	\$ _____	\$ _____	\$ _____	\$ _____
4. Unearned Income (A1 + A2 + A3)				Total \$ _____ (A4)
5. QR Averaged Gross Unearned Income (A4 ÷ number of months)				Total \$ _____ (A5)
6. Cash Aid				Total \$ _____ (A6)
7. Less Child Support Paid (enter any remainder in B6)				Total \$ _____ (A7)
8. Total Gross Unearned Income (A5 + A6 - A7)				Total \$ _____ (A8)

  

B. NONEXEMPT GROSS EARNED INCOME	GROSS SALARY/WAGES	SELF EMPLOYMENT	TRAINING ALLOWANCES
1. Month 1/Year _____/_____/_____	\$ _____	\$ _____	\$ _____
2. Month 2/Year _____/_____/_____	\$ _____	\$ _____	\$ _____
3. Month 3/Year _____/_____/_____	\$ _____	\$ _____	\$ _____
4. Total Gross Earned Income (B1 + B2+ B3)			Total \$ _____ (B4)
5. QR Averaged Gross Earned Income (B4 ÷ number of months)			Total \$ _____ (B5)
6. Less Remainder of Child Support Paid (if not fully used in Section A)			Total \$ _____ (B6)
7. Total Gross Earned Income (B5 - B6)			Total \$ _____ (B7)

**PART 2 - GROSS INCOME TEST FOR CR AND QR REPORTING HOUSEHOLDS**

<b>C. GROSS INCOME TEST</b>	
1. Maximum Gross Income allowed for Household Size of _____ (from table)	\$ _____
2. Total Gross Income (A8 + B7) =	\$ _____
3. Gross Income Eligible? (Is C2 less than or equal to C1?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Total \$ _____ (C3)	

**PART 3 - NET INCOME**

D. NONEXEMPT GROSS INCOME	DOCUMENTATION
1. Gross Earned Income (B7)	
2. Adjusted Gross Earned Income (80% of D1)	
3. Total Gross Unearned Income (A8)	
4. Nonexempt Gross Income (D2 + D3)	
<b>E. EXCESS MEDICAL EXPENSES (Special Medical)</b>	
1. Expected Recurring Expenses (Occurring during the entire certification period). Include recurring averaged expenses.	<input type="checkbox"/> Weekly \$ _____ x 4.33 = \$ _____
2. Limited Period Expenses (Occurring during only a portion of the certification period). Include limited averaged expenses.	<input type="checkbox"/> Biweekly \$ _____ x 2.167 = \$ _____
3. Total Allowable Expenses (E1 + E2)	
4. Less Medical Expense Allowance (\$35)	
5. Excess Medical Expenses (E3 - E4)	
<b>F. STANDARD, DEPENDENT CARE, MEDICAL, HOMELESS SHELTER DEDUCTIONS</b>	
1. Standard Deduction	
2. Dependent Care	
Child(ren) Under Two	
Other Dependents & Child(ren) 2 and Over	
Total Dependent Care Deductions	
3. Homeless Shelter Deduction	
4. Excess Medical Expenses (E5)	
5. Total Deductions (F1 + F2 + F3 + F4)	
<b>G. ADJUSTED NET INCOME</b>	
1. Nonexempt Gross Income (D4)	
2. Total Deductions (F5)	
3. Adjusted Net Income (D4 - F5) or (G1 - G2)	
<b>H. SHELTER DEDUCTION</b>	
1. Total Housing Costs	
2. Total Utility Allowance	
3. Total Shelter costs	
4. Allowable Shelter costs (50% of G3)	
5. Excess Shelter costs (H3 - H4)	
6. Maximum Allowance For Shelter	
7. Allowable Shelter Deduction (Lesser of H5 or H6)	
<b>I. NET MONTHLY INCOME (G3 - H7)</b>	
<b>J. NET INCOME TEST</b>	
1. Household Size	
2. Maximum Net Income Allowable (from table)	
3. Net Income eligible	

**PART 4 - BENEFITS**

<input type="checkbox"/> YES <input type="checkbox"/> NO	ALLOTMENT	SUPPLEMENT	E.W. Initials/Date
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K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)	PAYMENT QUARTER	PAYMENT QUARTER
1. Quarter/Month's Resources	\$ _____	\$ _____
2. Additional Resources (specify)	_____	_____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
3. Subtotal (K1 + K2a + K2b + K2c)	\$ _____	\$ _____
4. Resources Sold, Traded or Given Away (specify)	\$ _____	\$ _____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
5. Subtotal (K4a + K4b + K4c)	\$ _____	\$ _____
6. Current Resources (K3 - K5)	\$ _____	\$ _____
7. Resource Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5—INCOME COMPUTATIONS	PAYMENT QUARTER	PAYMENT QUARTER
L. SELF-EMPLOYMENT (Nonexempt Resources Only)		
1. Gross Income from Self-Employment	\$ _____	\$ _____
2. Expenses: <input type="checkbox"/> Standard 40% Deduction	\$ _____	\$ _____
<input type="checkbox"/> Actual Expenses (Verification Required)	\$ _____	\$ _____
3. Total Nonexempt Income from Self-Employment	\$ _____	\$ _____
If averaging self-employment income go to L7. If adjusting a previous average, continue to L4.		
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	\$ _____	\$ _____
6. Adjusted Self-Employment Income (L3 + L4 + L5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (L3 or L6 ÷ number of months income covers)	\$ _____	\$ _____

M. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS	PAYMENT QUARTER	PAYMENT QUARTER
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____
2. Tuition and Mandatory Fees	\$ _____	\$ _____
3. Total Nonexempt Educational Income (M1 – M2)	\$ _____	\$ _____
4. Monthly Income from Grants, Scholarships or Loans (M3÷ number of months income covers)	\$ _____	\$ _____

PART 6—REPORTED CHANGES (Other than the QR 7 or DFA 377.5)					
Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					